



UNITED STATES DEPARTMENT OF EDUCATION

CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 04/14/2003

PAGE A - 1

NAME AND ADDRESS OF Pecs Tudományegyetem AOK (Pecs University Medical Institution: School)
12 Szigeti Street
Pecs, HUNGARY H-7624

TYPE OF INSTITUTION: Foreign Public

CONGRESSIONAL DISTRICT:

ACTION DATE: 01/22/2003

DEPARTMENT REGION: 11

ACTION: Reapprove
Elig/Prov Cert

CASE TEAM: 11

OPE ID: 02502600

FEDERAL PELL GRANT ID:

TIN:

FEDERAL FAMILY EDUCATION LOAN ID: 025026

IPEDS ID:

FEDERAL DIRECT STUDENT LOAN ID:

DUNS NBR: 426913997

FEDERAL PERKINS LOAN ID:

PIN:

FEDERAL WORK STUDY ID:

FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT ID:

ACADEMIC CALENDAR: Semester Hours
HIGHEST EDUCATIONAL PROGRAM OFFERED: First Professional Degree

ELIGIBLE: Y

INITIAL APPROVAL DATE: 04/29/1987

CERTIFIED: Provisional

LOAN DEFERMENT: Y

PROGRAM PARTICIPATION AGREEMENT

EFFECTIVE DATE: 04/14/2003

EXPIRATION DATE: 12/31/2005

WAIVER(S):

*** End of Waivers ***

THE INSTITUTION IS ELIGIBLE TO APPLY FOR PARTICIPATION IN THE FOLLOWING PROGRAMS AUTHORIZED UNDER THE HIGHER EDUCATION ACT OF 1965, AS AMENDED:
TITLE IV: Y

TITLE IV STUDENT FINANCIAL ASSISTANCE PROGRAMS

<u>PROGRAM</u>	<u>CERTIFIED</u>	<u>APPROVAL DATE</u>	<u>PROGRAM</u>	<u>CERTIFIED</u>	<u>APPROVAL DATE</u>
FFEL Staff	Y	04/29/1987	FFEL Staff Unsub	Y	07/23/1997



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ACCREDITATION SECTION

PAGE B - 1

INSTITUTION NAME : Pecs Tudományegyetem AOK (Pecs University Medical School)

OPE ID : 025026 00

INSTITUTION TYPE : Foreign Public

ACCREDITATION

<u>ACCREDITING AGENCY</u>	<u>DESIGNATION</u>	<u>SCOPE</u>	<u>EFFECTIVE YEAR</u>	<u>NUMBER OF YEARS</u>
**** End of Accreditation Section ****				



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STATE AUTHORIZATION SECTION

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INSTITUTION NAME : Pecs Tudományegyetem AOK (Pecs University Medical School)

OPE ID : 025026 00

INSTITUTION TYPE : Foreign Public

STATE AUTHORIZATION

STATE AGENCY

**** End of State Authorization Section ****



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OFFICIALS SECTION

PAGE D - 1

INSTITUTION NAME : Pecs Tudományegyetem AOK (Pecs University Medical School)

OPE ID : 025026 00

INSTITUTION TYPE : Foreign Public

OFFICIALS

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>PHONE</u> <u>FAX</u>	<u>INTERNET</u>
Fischer, Emil 12 Szigeti Street Pecs, HUNGARY H-7624	Dean	36 72 536200 36 72 536201	diana.toth@ aok.pte.hu
Tima, Lajos 12 Szigeti Street Pecs, HUNGARY H-7624	Registrar	36 72 536110 36 72 536110	EnglishProgram.Office@ aok.pte.hu
Kisbanne, Ilona Karis 1/B Szanto Kovacs Janos Street Pecs, HUNGARY H-7633	Director-General of Finance	36 72 501510 36 72 501506	kisban@ gf.pte.hu

**** End of Officials Section ****



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VOCATIONAL PROGRAMS SECTION

PAGE F - 1

INSTITUTION NAME : Pecs Tudományegyetem AOK (Pecs University Medical School)

OPE ID : 025026 00

INSTITUTION TYPE : Foreign Public

VOCATIONAL PROGRAMS

<u>CIP</u>	<u>INSTITUTION'S PROGRAM NAME</u>	<u>APPROVED</u>	<u>FIRST OFFERED</u>	<u>CREDIT HOURS</u>	<u>TYPE</u>	<u>CLOCK HOURS</u>	<u>DURATION IN WEEKS</u>
51.1201	Medicine (M.D.)	N	06/01/1999		Semester	5999	184

**** End of Vocational Programs Section ****



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

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NON-U.S. MEDICAL EVALUATION AGENCY
SECTION

PAGE I - 1

INSTITUTION NAME : Pecs Tudományegyetem AOK (Pecs University Medical School)

OPE ID : 025026 00

INSTITUTION TYPE : Foreign Public

NON-U.S. MEDICAL EVALUATION AGENCY

EVALUATION AGENCY NAME

CONTACT NAME

Hungary: Hungarian Accreditation Committee
Ajtósi Dürer sor 10-21
Budapest, HUNGARY H-1146

Dr. Pal Michelberger

**** End of Non-U.S. Medical Evaluation Agency Section ****



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

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COUNTRY AUTHORIZATION SECTION

PAGE K - 1

INSTITUTION NAME : Pecs Tudományegyetem AOK (Pecs University Medical School)

OPE ID : 025026 00

INSTITUTION TYPE : Foreign Public

COUNTRY AUTHORIZATION

OVERSIGHT AGENCY

Ministry of Education (and the Parliament)

10-14 Szalay Street

Budapest, HUNGARY H-1055

**** End of Country Authorization Section ****

Return to the [Application Index](#)

OPE ID: 02502600

School Name: Pecs Tudomanyegyetem AOK (Pecs University Medical School)

Your Reapproval (Recertification) application has been submitted.

12 Szigeti Street
Pecs, Hungary

Electronic Application

Section A. Please answer these general questions.

1. Tell us why you are submitting the application.
Reapproval (Recertification)
2. What is the name of your institution?
Pecs Tudomanyegyetem AOK (Pecs University Medical School)
3. Do you have another name under which you legally do business as a postsecondary educational institution?
No
4. During the past four years, have you had another name that you have not previously reported to the Department of Education?
No

Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions.

5. What is your 8-digit OPE ID number?
02502600
- 6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?
- 6b. What is your 9-digit DUNS number?
426913997
7. What was your most recently completed award year?
Beginning Date: 07/01/2000
Ending date: 06/30/2001
8. What is your current award year?
Beginning Date: 07/01/2001
Ending date: 06/30/2002
9. Does your institution have a website (or home page) on the Internet?
<http://www.pote.hu/englishprogram>
10. Who is your chief executive officer (CEO)/president/chancellor?

Name	Prof. Dr Emil Fischer
Job title	Dean

Business address	12 Szigeti Street Pecs, HUNGARY H-7624
Telephone number	36 72 536200
Fax number	36 72 536201
E-mail address	diana.toth@aok.pte.hu

11. Who is chief your fiscal officer/financial officer?

Name	Ms Ilona Karis Kisbanne
Job title	Director-General of Finance
Business address	1/B Szanto Kovacs Janos Street Pecs, HUNGARY H-7633
Telephone number	36 72 501510
Fax number	36 72 501506
E-mail address	kisban@gf.pte.hu

12. Who is your chief financial aid director?

Name	Dr. Lajos Tima
Job title	Registrar
Business address	12 Szigeti Street Pecs, HUNGARY H-7624
Telephone number	36 72 536110
Fax number	36 72 536110
E-mail address	EnglishProgram.Office@aok.pte.hu

1627
+
1204

13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

Check here if this is the same person as in Question 12.

14. Whom should we contact if we have questions about information in this form?

Check here if this is the same person as in Question 12.

Section B does not apply to foreign schools.

Section C. Please describe your institutional control and structure.

18. Check your type of institutional structure.

- Public institution
- Private nonprofit 501(c)(3) institution
- For-profit institution
- Foreign institution (check one)
 - Public institution
 - Private non-profit institution
 - For-profit institution

19. Check here if this is a request for initial certification.

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

If yes, give the date of change.

20. Check here if you have a board of trustees.

Check here if you have a board of directors.

Check here if you have more than 10 on your board, list only the board's executive committee, and provide the name of a contact person in Question 21.

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

Section D only applies to proprietary schools and not for profit institutions with a change in control.

Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)

- a. associate degree programs
- b. bachelor's degree programs
- c. master's degree programs or doctoral degree programs
- d. first professional degree programs
- e. graduate or professional programs
 - do not lead to a post-baccalaureate degree
 - are at least 10 weeks, and
 - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
- f. two-academic-year transfer programs
- g. undergraduate programs that
 - lead to a certificate or other recognized educational credential,
 - prepare students for gainful employment in a recognized occupation,
 - are at least 15 weeks, and
 - provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.
- h. undergraduate programs that
 - lead to a certificate or other recognized educational credential,
 - prepare students for gainful employment in a recognized occupation,
 - are at least 10 weeks, and
 - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300

clock hours of instruction.

AND

- require an enrolling student to have an associate degree or higher degree.
- i. undergraduate programs that
- lead to a certificate or other recognized educational credential,
 - prepare students for gainful employment in a recognized occupation.
 - are at least 10 weeks, and
 - provide at least 300 but not more than 599 clock hours of instruction.
 - do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
 - have been provided for at least one year.
- j. programs necessary for a professional credential or certification from a state and that are required for employment.
- X Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

27. If you checked boxes e., g., h., or i. in Question 26 provide the following information.

27a. Graduate non-degree programs.

27b. Undergraduate non-degree programs.

27c. Short-term undergraduate non-degree programs.

28. Do you contract with an organization or ineligible institution to provide more than 25% of any educational program?

No

Section F. Please tell us about your locations.

29. What is your principal location?

Pecsi Tudományegyetem AOK (Pecs University Medical School)
 12 Szigeti Street
 Pecs, HUNGARY H-7624

30. Provide the following information for your locations (other than your principal location) at which you provide educational programs to students whom you wish to participate in federal student financial aid programs.

Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.

31. For the most recently completed award year, were more than 50% of your courses taught by means of telecommunications and/or correspondence (tele/corr)?

Note: If a course is offered through traditional methods and through tele/corr, then that course should be counted under both traditional methods and tele/corr. Therefore, the same course might be counted more than once.

No

32. For the most recently completed award year, were 50% or more of your regular students enrolled in tele/corr courses?

No

33. During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

Note: Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

No

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

No

Section H. Please complete this section if this is an initial application or you were certified but you have a change in your ownership or structure or you are seeking reinstatement.

Check here if this is not an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program.

Section I. If you are a foreign institution, please complete this section (this includes foreign graduate medical schools).

41. Do you admit as regular students only people who have a credential of secondary school completion or its recognized equivalent?

Yes

42. In the country where you are located, are you legally authorized to provide an educational program beyond the secondary school level?

Yes

If yes, what is the name and address of the agency or ministry within the country that enforces this authority?

Name of office	Ministry of Education (and the Parliament)
Business address	10-14 Szalay Street Budapest, HUNGARY H-1055
Telephone number	36 1 4737000
Fax number	36 1 4737001
E-mail address	info@om.hu

43. Are you legally authorized to award a degree that is equivalent to an associate, baccalaureate, graduate, or professional degree awarded in the United States?

Yes

44. Do you provide an educational program that is at least a two-academic-year program acceptable for full credit toward the equivalent of a baccalaureate degree awarded in the United States?

No

45. Do you provide any educational programs that meet all three of these criteria?

- The program is equivalent to at least a one-academic-year training program in the United

States.

and

- The program leads to a certificate, degree, or other educational credential that is equivalent to one offered in the United States.

and

- The program prepares students for gainful employment in an occupation that is equivalent to one in the United States.

Yes

46. Do you have administrative offices and/or recruiting offices in the United States that represent

No

If yes, provide the following information.

X Check here if you are a foreign institution that is a foreign graduate medical school or if you are a university that has a medical school.

47. Where is the facility at which you provide graduate medical educational program instruction in your country?

Foreign Medical Facility and Address	Contact Name	Telephone Number/ Fax Number	E-mail	End Date
Pecsi Tudományegyetem AOK (Pecs University Medical School) 12 Szigeti Street Pecs, HUNGARY H-7624	Dr. Lajos Tima	36 72 536110 36 72 536110	EnglishProgram.Office@aok.pte.hu	

48. What entity in your country is legally authorized to evaluate the quality of your medical educational program?

Name and Address	Contact Name	Telephone Number/ Fax Number	E-mail	End Date
Hungary: Hungarian Accreditation Committee Ajtosi Durer sor 10-21 Budapest, HUNGARY H-1146	Dr. Pal Michelberger	36-1-251-2951 36-1-344-0313	klimes@oab.huninet.hu	

49. Are you approved by an entity listed in Question 48 to provide a graduate medical educational program in your country?

Yes

50. What is the length of the program of graduate clinical and medical instruction?

48 months

51. Is any part of your program of graduate clinical and medical instruction provided in the United

States?

No

If yes, provide the following information.

52. List the dates of graduation and the number of regular students who graduated within the past three 12-month periods.

Date	Date	Date
09/25/1999	06/24/2000	09/23/2000
Graduates	Graduates	Graduates
33	19	14

53. What are the beginning and ending dates of your institution's most recently completed academic year?

Beginning Date

09/11/2000

Ending Date

08/31/2001

54. How many full-time regular students were enrolled during the most recently completed academic year?

231

55. How many of the regular students in Question 54 were not U.S. citizens or residents eligible for U.S. federal financial aid programs?

211

56. During the most recently completed academic year, how many of your regular students and graduates from the three preceding academic years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates?

10

57. How many of the students in Question 56 received passing scores on any "step" of the examinations?

8

Section J. Please tell us about your third-party servicers.

Check here if you do not contract with a third-party or outside servicer.

58. If you contract with any third-party servicer or outside party to perform any function related to federal student financial aid programs, provide the following information about each servicer.

Section K. Please assure us of your administrative capability and your financial responsibility.

59. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)

Yes

60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)

Yes

61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial

aid office award data? (See 34 CFR 668.14, 668.16, 674.19, 675.19, 676.19, and 690.81.)

Yes

62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)

Yes

63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)

Yes

64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)

N

65. Do you have a policy that meets federal regulations for refunding tuition when a student withdraws from classes? (See 34 CFR 668.22.)

Yes

66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)

N

66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)

Yes

67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)

Yes

68. Do you have a process to notify us within 10 days about important changes, such as changes in your name, a change in ownership that results in a change of control, or adding a location where you provide at least 50% of an educational program? (See 34 CFR 600.30 and 668.12.)

Yes

69. Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.

Question 52. (Dates of graduation and number of graduates within the past three 12-month periods) 09/25/1999 - 33 graduates 06/24/2000 - 19 graduates 09/23/2000 - 14 graduates 06/23/2001 - 25 graduates 09/22/2001 - 19 graduates -----
---- Question 66.a. (Required annual financial statement audits) Audit on fiscal year 2000 was submitted ----- Section L. and M. (Signature page and documents page) They were already signed on 12/21/2001 when submitting the whole application in paper format, and were mailed on 12/27/2001.

70. Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.

Section L. Please have the appropriate person in authority review, sign, and date this document.

Date

12/21/2001

Name of President/CEO/Chancellor

Name	Prof. Dr Emil Fischer
Job title	
Business address	12 Szigeti Street Pecs, HUNGARY H-7624
Telephone number	36 72 536200
Fax number	36 72 536201
E-mail address	diana.toth@aok.pte.hu

Section M. Please include copies of appropriate documents as part of your application.

Because Pecs Tudományegyetem AOK (Pecs University Medical School) has been designated as a Foreign Public institution on this application, and because this application is for Reapproval (Recertification), the following documents must be submitted in order to complete this application.

- **Signature Page (Print Section L and sign it.)**
- **Most recent catalog and its certified English translation of all sections dealing with degrees and programs provided at your institution**
- **Legal authorization and its certified English translation to provide an educational program beyond the secondary school level in the country where you are located**
- **Legal authorization and its certified English translation to award a degree that is equivalent to a degree awarded in the United States**
- **Legal authorization and its certified English translation to provide graduate medical education**
- **Note: If you have NOT submitted your financial statements to ED, please include audited financial statements for the two most recently completed fiscal years.**

If you are finished with your application, use the Application Submission page to submit it or return to Electronic Application Index to access another section of the Application.

Send the signature page (Section L) and copies of required supporting documents to us.

Regular mail/commercial overnight mail:

**U.S. Department of Education
Case Management and Oversight
Data Management and Analysis
Document Receipt and Control Center
830 First Street, NE**

Room 7111
Washington, DC 20002-5402

